

ECS Configuration Change Request

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CCR No. 96-0812	Logged Date 7/17/96	Rev.	Request Type CCR
Priority Routine <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Emergency <input type="checkbox"/>	Affected Release		Change Class II
Title (description) Need XTERM in 2009E			
Documents Affected None		Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference	
RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/>			
Problem An XTERM is needed in 2009E for Jan Poston Day. This is needed to support the Prototype Evaluation preparation and execution and to support Science Office Stress Testing activities. To perform these activities, Ms. Day needs unrestricted access to a terminal that will allow her to emulate SUN and HP platforms. This is needed to use and test X-Motif and JAVA-based user interfaces being developed by ECS.			
Proposed Solution Provide an XTERM in 2009E for Jan Poston Day.			
Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ESO <input type="checkbox"/> FOS <input type="checkbox"/> M&O <input checked="" type="checkbox"/> QA <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. B <input type="checkbox"/> Rel. IR1 <input type="checkbox"/> MRS <input type="checkbox"/> SMO <input type="checkbox"/> Subconts <input type="checkbox"/> A.1 <input type="checkbox"/> Other _____ Cost: None <input type="checkbox"/> Small <input checked="" type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____			
Originator <u>Rogard Ross</u> _____ Signature _____ Date _____			
Office <u>Science</u> Office Manager _____ Signature _____ Date _____			
Disposition Approved <input type="checkbox"/> Approved w/Comment <input type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson _____ Signature _____ Date _____			